MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

62-010835

DO NOT WRITE ON THIS STUB — AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED — ITEM NO. — SHOULD READ — INSTEAD OF — BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

Registration District No. [illegible] Registration District No. 1602 Registrar's No. 1616 STATE FILE NUMBER

FILED APR 5 1962

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in 1b: 25 Yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2450 Highland
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 2450 Highland — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Fred — Middle D. — Last Chieks

4. DATE OF DEATH: Month 3/ Day 19/ Year 1962

5. SEX: Male

6. COLOR OR RACE: Negro

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 6/8/1887

9. AGE (last birthday): 74
IF UNDER 1 YEAR: Months ___ Days ___
IF UNDER 24 HR: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: U.S.Gypsum, Co

11. BIRTHPLACE (City and state or country): Missouri

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: William Henry, Chieks

13b. MOTHER'S MAIDEN NAME: Mary Alice —

14. NAME OF HUSBAND OR WIFE: Lorene Chieks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give war or dates of servic

16. SOCIAL SECURITY NO.

17. INFORMANT: Charles H. Chieks, K.C. Missouri — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Mitral Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Carcinoma of Prostate.

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Feb 19th 1962 to 3-13 th/62 and last saw her/him alive on 3-13-62.
Death occurred at 10:40 A M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H.M.Brathwaite (Degree or title): H. M. Brathwaite M.D.

22b. ADDRESS: 10 N. James K C Kans

22c. DATE SIGNED: 3/19/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 3/22/1962

23c. NAME OF CEMETERY OR CREMATORY: Blue Ridge Lawn

23d. LOCATION (City, town, or county) (State): K.C. Jackson, Missouri

24. FUNERAL DIRECTOR ADDRESS: Bailey Funeral Home. K.C. Kansas

25. DATE RECD. BY LOCAL REG.: 3.21.62

26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

[redacted]

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Clifford L. Woods

Licensed Embalmer No. 3106

P. O. Address 1520 N. 5th

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.